

# Idaho Newborn Screening Kits/Materials Order Form

**\*\*\* PAYMENT MUST ACCOMPANY ORDER \*\*\***  
**MAKE CHECKS OR MONEY ORDER**  
**PAYABLE TO "IDAHO NEWBORN SCREENING PROGRAM"**

➡ **Please PRINT and complete ALL information below** ⬅

FACILITY: \_\_\_\_\_ SUBMITTER CODE #: ID

STREET ADDRESS: \_\_\_\_\_

*(Kits are shipped via courier service. No P.O. Box addresses please.)*

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ORDERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

*(Please allow two weeks for delivery)*

Kits/Materials	Number Ordered	Price	Total
Single Kit		\$56 per kit*	\$
Double Kit		\$105 per kit*	\$
Triple Kit (NICU ONLY)		\$105 per kit*	\$
English & Spanish Information Pamphlet		No Charge	
Manila Envelopes		No Charge	
Striped Envelopes		No Charge	
		<b>TOTAL COST:</b>	<b>\$</b>

**SEND COMPLETED FORMS TO:**

**Idaho Newborn Screening Program**  
**Idaho Department of Health and Welfare**  
**450 West State Street, 4th Floor**  
**P.O. Box 83720**  
**Boise, ID 83720-0036**

**Phone: (208) 334-5962**

**Fax: (208) 334-4946**

**FOR OPHL USE ONLY**

Place Bar Code Here:    Verified \_\_\_\_\_

KIT NUMBERS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_

Reviewed By \_\_\_\_\_